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Forfa, Tracey H
From: Scott R. Burger [celltherapy@earthlink.net]
Sent: Tuesday, June 25, 2002 3:01 AM
To: TForfa@OC.FDA.GOV
Subject: Slides from ISCT presentation at FDA hearing

Tracey Forfa, Esq.
Office of the Ombudsman

Dear Ms. Forfa,

Here are the slides for the presentation Steve Noga and I, representing the International Society for Cellular Therapy, gave at the FDA hearing on combination products. I hope these will be helpful to you.

Please let me know if you have any questions or would like to discuss this further. I have included contact information for both Steve Noga and myself in this email, below, as well as in the last slide of the attached file. I would be pleased to be of help to you.

Best regards,

Scott

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FDA Part 15 Hearing -
06-24-20

(President, International Society for Cellular Therapy)

02N-0169

TS3

Combination Products Containing Live Cellular Components

International Society for Cellular Therapy
formerly **ISHAGE**

➤ *Stephen Noga, MD, PhD*
ISCT President

➤ *Scott Burger, MD*
ISCT Executive Committee, Editor

International Society for Cellular Therapy

formerly **ISHAGE**



- Represents scientists, technologists and regulatory individuals within the evolving field of cellular therapy. This includes all aspects of
 - Cellular therapy
 - Tissue-based therapy
 - Genetic manipulation and gene therapy
- Share common interests with AABB, ASBMT and other closely allied societies

Implications of Regulatory Structure

- Although focus of today's hearing is on combination products for wound healing, eventual regulatory structure chosen will have broader effects
- Range of similarly defined combination products currently being developed, involving diverse types of cells and tissues
 - Encapsulated pancreatic islet cells
 - Hepatocyte-based liver assist devices
 - Mesenchymal cell-based structural grafts

Combination Products - Living Cells with Non-Living Matrix

- Appropriate, reasonable regulatory oversight needed for both elements of combination product
- Determine regulatory structure based on element most in need of control
 - Which element is the most critical, complex, variable?
 - Which element most affects long term outcome?
 - Which element is most affected by environment?
- Becomes more complex if genetically-modified cells *and/or* matrix used in future protocols

Non-Living Matrix

- **May be complex in nature, but basic safety profile more readily established**
 - **Safety, purity, potency testing more likely to use established analytical methods**
 - **Larger (*consistency*) lot sizes**
 - **Amenable to biochemical characterization**

Living Cellular Element

- **Can be expected to be more complex, difficult to control**
 - **Safety, purity, potency more difficult to evaluate**
 - **May require development, validation of novel analytical methods**
 - **Manufacture may involve extensive, complex cell and tissue engineering, gene modification**
 - **Limited availability of test samples – lot size (*may be unique to each patient in some applications*)**

Basis For Regulatory Approach

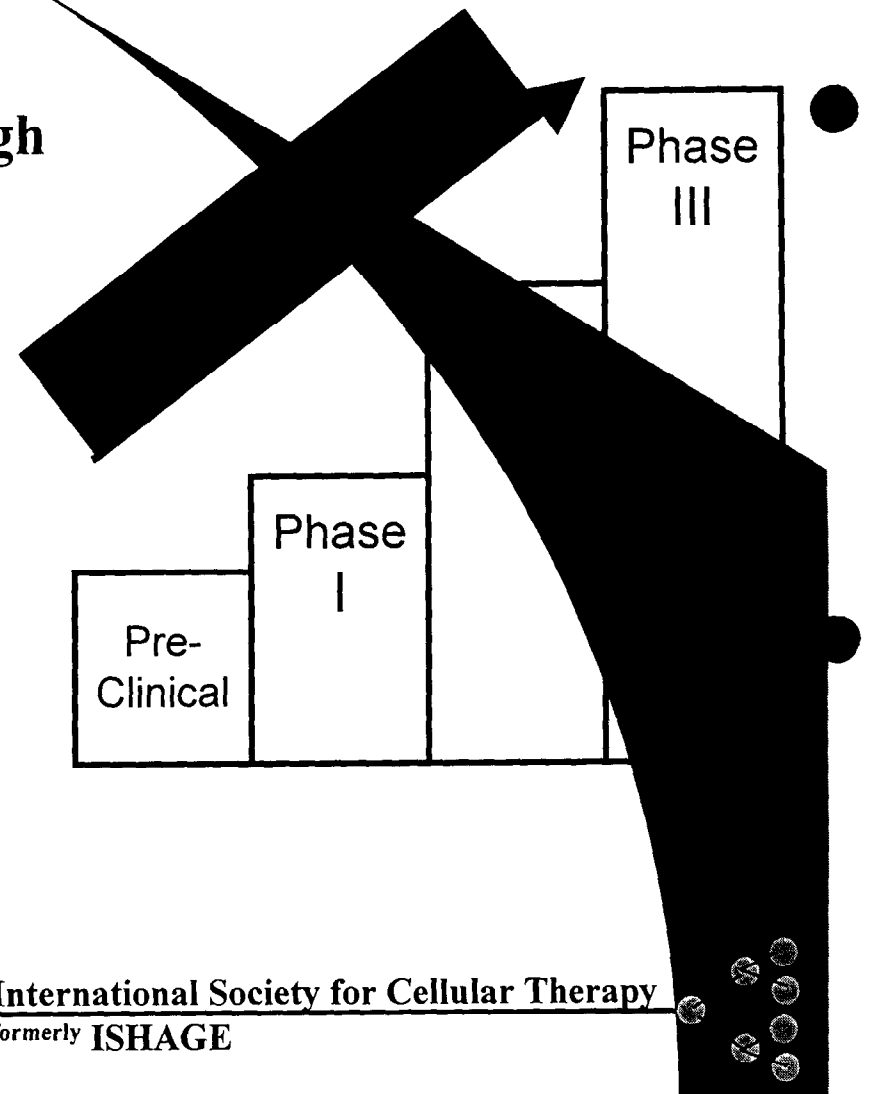
- Living cellular element therefore most critical
- Cells, Tissues & Gene therapies currently regulated by CBER:
 - Experience in biological products
 - Experience in unusual issues specific to cellular therapies
 - Early experience with hematopoietic cell/matrix devices
 - Established relationship with many experts in the field

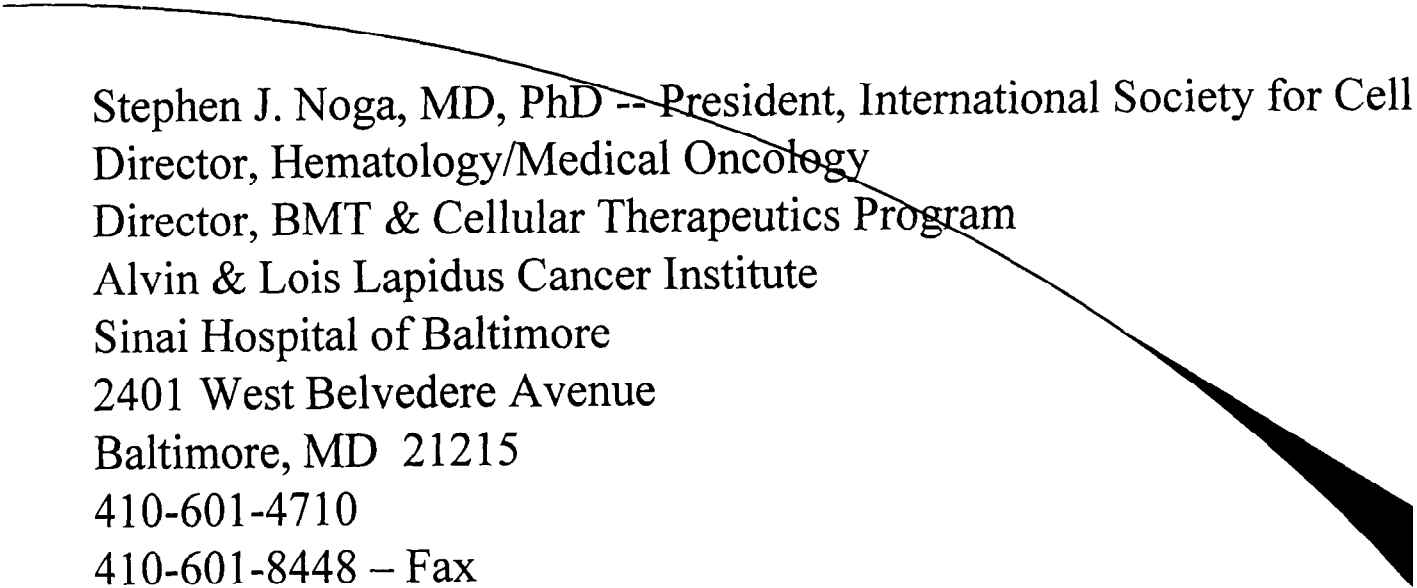
Specific Recommendations I

- **CBER serve as the primary agency for these combination products**
- **Full use of CDRH expertise must be assured**
 - **Example - Productive and valuable cooperation between CBER and CDER**
- **Two product reviewers for IND applications combination products**
 - **CBER – provide expertise in biological products**
 - **CDRH – provide expertise in non-living support matrices**
- **Representation of CDRH within the new CBER office of Cells, Tissues & Gene Therapy**

Specific Recommendations II

- Continue stepwise approach used in regulation of cell therapies
 - ↑ Control, characterization through product development
- Appropriate levels of control for initial academic-based trials of novel therapies in life-threatening diseases
 - Priority of safety, but avoid impeding trials altogether by imposing Phase III-level requirements in early trials





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